

**UNITED STATES PATENT & TRADEMARK OFFICE**  
Washington, D.C. 20231

REQUEST FOR PATENT FEE REFUND										
1 Date of Request: _____		2 Serial/Patent # <u>10/575478</u>								
3 Please refund the following fee(s):		4 PAPER NUMBER	5 DATE FILED	6 AMOUNT						
<input type="checkbox"/>	Filing			\$						
<input type="checkbox"/>	Amendment			\$						
<input type="checkbox"/>	Extension of Time			\$						
<input type="checkbox"/>	Notice of Appeal/Appeal			\$						
<input type="checkbox"/>	Petition			\$						
<input type="checkbox"/>	Issue			\$						
<input type="checkbox"/>	Cert of Correction/Terminal Disc.			\$						
<input type="checkbox"/>	Maintenance			\$						
<input type="checkbox"/>	Assignment			\$						
<input type="checkbox"/>	Other			\$						
		7 TOTAL AMOUNT OF REFUND <u>2005 LLANDGRA 00000043 192570 10523478</u>								
		8 TO BE REFUNDED BY: <u>Treasury Check</u>								
10 REASON:		Credit Deposit A/C #:								
<input type="checkbox"/>	Overpayment	9 <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td></td><td></td><td>--</td><td></td><td></td><td></td></tr></table>					--			
					--					
<input type="checkbox"/>	Duplicate Payment									
<input type="checkbox"/> No Fee Due (Explanation):										
11 REFUND REQUESTED BY: _____										
TYPED/PRINTED NAME: _____		TITLE: _____								
SIGNATURE: _____		Adjustment Date: 07/11/2005 PKIDWELL 03/11/2005 LLANDGRA 00000043 192570 10523478 02 FC:1632 500.00 CR								
OFFICE: _____										
***** THIS SPACE RESERVED FOR FINANCE USE ONLY: *****										
APPROVED: _____		DATE: _____								

*Instructions for completion of this form appear on the back. After completion, attach white and yellow copies to the official file and mail or hand-carry to:*